EXHIBIT 2

SWORN STATEMENT IN PROOF OF LOSS

2 6 2007

1701 E. Woodfield, Suite 200
Schaumburg, Illinois 60173
Phone: 847-995-1230

COMPANY CLAIM NO
01044693

AGENCY AT
Minneapolis, Minnes

AGENT
Aon Risk Services

POLICY NUMBER
CLP3005711

AMOUNT OF POLICY AT TIME OF LOSS
$32,000,000.00

DATE ISSUED
02-23-2005

DATE EXPIRED
03-25-2006

To the Allianz Global Risks US Insurance Company of Burbank, California. At time of loss, by the above-indicated policy of insurance you insured Buffets Holdings, Inc. against loss by Special Risks to the property described under Schedule "A" according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

1. **Time and Origin:** A Fire loss occurred on the 12th day of March, 2006. The cause and origin of the said loss were: Fire .

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows and for no other purpose whatever: Restaurant.

3. **Title and Interest:** At the time of the loss the interest of your insured in the property described therein was Ownership. No other person or persons had any interest therein or incumbrance thereon, except: as noted in the policy

4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: as noted in the policy

5. **Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of the loss, $32,000,000.00 as more particularly specified in the apportionment attached under Schedule "C" besides which there was no policy or other contract of insurance written or oral, valid or invalid.

6.	**The Actual Cash Value** of said property at the time of the loss was	$ Undetermined
7.	**The Whole Loss and Damage** was — Partial Payment of damages.	$ 176,628.95
8.	**Less Amount Paid to Date**	$ 100,000.00
9.	**Less Amount of Deductible**	$ 25,000.00
10.	**The Amount Claimed** under the above numbered policy is	$ 51,628.95

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceived the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Minnesota

County of Dakota

Subscribed and sworn to before me this 25th day of April 2007

[signature] Teri Buethe

[signature] Janice M. Guenther
Notary Public

JANICE M. GUENTHER
NOTARY PUBLIC - MINNESOTA
MY COMMISSION
EXPIRES JAN. 31, 2010